

Contraceptives

Which methods of contraception are there?

- In the last 50 years, the number of contraception methods has dramatically increased. You can differentiate between different types of contraception based on how they work: there are barrier methods (e.g. condoms or a cervical cap), hormonal methods (e.g. the pill), intrauterine devices (IUD) and sterilization.
- Emergency contraception (morning after pill) is another method, but we will only review "planned contraception" here.

Which methods of contraception are there?

- Most types of contraceptives work by:
- a) preventing an egg from being released every month (hormones)
- b) preventing sperms from reaching the egg (barrier and some IUD methods)
- c) blocking the reproductive function – in men or women (sterilization)
- d) preventing a fertilized egg from implanting in the uterus (hormones)

The Pill

- The condom and the pill consistently rank at the top as the most commonly used types of contraception.
- The [contraceptive pill](#) was invented in 1960. Fifty years on, many new inventions have been added to the list of available contraception methods, but the pill remains the most popular form of female contraception.
- The contraceptive pill will prevent you from getting pregnant in 95% of cases and it comes close to providing 99% protection if you take one pill every day as prescribed.
- The pill can come in two forms: the combined contraceptive pill (containing the hormones estrogen and progestin) or the mini-pill (only progestin). In the case of the mini-pill, it's important that you take your pill every day at the same time (you should not be late by more than three hours).
- Keep in mind that the pill does not provide any protection against STIs and that a doctor's prescription is required to buy it.

The Male Condom

- Among the different types of contraceptives, the male condom is a strong contender to the title of most common contraception method. It is easy to use, affordable and offers the best protection against STIs (e.g. gonorrhoea, chlamydia, HIV).
- Condoms are usually made of latex, but if you are allergic to latex, some brands also specialize in condoms made of polyurethane or lambskin. These two are also compatible with lube (latex condoms are not, unless with water-based lubricant); however lambskin condoms do not provide protection against STIs.
- For safety reasons, make sure you use a new condom each time you have sex.

The Female Condom

- Just like the male condom, the female condom is one of the few types of contraception that you can buy over-the-counter at pharmacies and grocery stores without a prescription.
- It was first introduced twenty years ago and offers 95% effective protection for pregnancy, as well as some protection against STIs. Female condoms are generally more expensive than the male ones but they are less likely to burst. They can be inserted up to eight hours before sex.

The Diaphragm

- Continuing with the list of barrier contraception methods, there is the diaphragm which is placed inside the vagina so that it prevents the sperm from getting into the uterus. Despite being a barrier method, it doesn't protect against STIs.
- The diaphragm must be coated with spermicide each time before sex and a doctor needs to show you how to use it (you need a prescription to get one). It is inserted at least six hours before sex and it needs to be removed after 24 hours for cleaning. Depending on the material and type of the diaphragm, it can be reused many times.

The Cervical Cap - Femcap

- The cervical cap (sold as Femcap) is a thimble-shaped latex cup, basically like a diaphragm but smaller. It also needs to be used with a spermicide. The cervical cap must remain in the vagina at least 6 hours after sex, but it also has to be taken out within 48 hours after sex.
- Because some women get cystitis (bladder infection) from using a diaphragm, the cervical cap is a useful replacement because it has less contact with the vagina (it only covers the cervix).
- The problem with types of contraceptives such as the Femcap or the diaphragm is that their effectiveness - 92 to 95% protection in ideal use - is lower than other types (98-99%) and that they offer only partial protection against STIs (e.g. no HIV protection).

The Intrauterine Device (IUD)

- You have the choice between two types of IUDs: hormonal or copper-based devices. Hormonal and copper IUDs are part of the few long-term solutions, meaning that you can keep them inside the vagina for up to five or ten years respectively.
- The effectiveness rate for IUDs is above 99%, however they provide no protection against STIs. Note that IUDs can be a form of emergency contraception if the device is inserted within 5 days after unprotected sex. You will nonetheless need to visit a doctor to have it properly inserted and follow the prescription (e.g. a few follow-ups and check-ups for possible infection in the first weeks).

The Contraceptive Implant

- The implant is another option among the types of contraceptives that offer long term protection. It lasts for about three years on average. Just like IUDs, the implant does not protect against STIs.
- The contraceptive implant contains progestin (progesterone), the same hormone as the contraceptive pill. The hormone is released into your body at a steady, slow pace for three years, producing the same effects as the pill.
- The implant is inserted in the arm by a healthcare specialist and must be removed after three years. Since the risk of human mistake is ruled out, the implant has a much higher effectiveness rate than the pill – around 99.99%.

The Contraceptive Sponge

- The sponge is a small, round-shaped foam (polyurethane) placed deep inside the vagina. It contains spermicide so that sperm does not get past the foam. You should leave the sponge inside the vagina for at least six hours after sex, but remove it within 24 hours following sexual intercourse (to lessen the risk of toxic shock).
- The sponge does not protect past those 24 hours and does not provide any STI protection. It is sometimes used as a backup for other contraception methods (e.g. when you forgot to take the pill) and you can buy it without a prescription from the pharmacy.

Spermicide

- Spermicide is a recurrent "ingredient" in contraception because it proves very effective when used in combination with other methods (e.g. diaphragm, sponge). In itself spermicide doesn't always offer the best protection against pregnancy, although this is also due to inconsistent use of the product.
- You don't need a prescription to buy spermicide and it has very few associated side-effects, but keep in mind that it does not protect against STIs.

Contraceptive Injections

- This method dates back to the 60s with the invention of artificial progesterone (progestin). One shot of hormones lasts in the body for 8 to 12 weeks (3 months) and has the same effect as the pill.
- Injections are about 99% effective, with pregnancy occurring mostly with women who forgot to renew their contraceptive shot in time (i.e. past weeks 11 to 12). Obviously, once the shot is given it cannot be reversed, so you are effectively infertile for the next three months.
- Just like the [contraceptive pill](#), contraceptive injections do not protect from STIs.

The Vaginal Ring

- The vaginal contraceptive ring is a small, transparent plastic ring that is inserted in the vagina and kept for three weeks. You should then remove it during your periods and replace it with a new one after that.
- The ring contains the same hormones as the contraceptive pill (progesterone and estrogen), therefore providing the same kind of effective protection and side effects. You will need your doctor's prescription to buy the ring.
- Just like other hormonal contraception, the vaginal ring does not protect from STIs.

The Contraceptive Patch

- The contraceptive patch is exactly the same thing as the contraceptive pill but in the form of a patch. It provides the same effective protection against pregnancy and has the side effects (positive and negative). It does not protect from STIs.
- You wear the patch for three weeks, take it off for one week - allowing your menstrual cycle – then you start with a new patch. The patch is an interesting option in as much as you don't need to think about taking the pill every day.
- There is however a risk of skin irritation, and a (rare) chance that the patch accidentally comes off.

Emergency Contraception

- Emergency contraception exists to stop you getting pregnant if you have had unprotected sex.
- This method is for one-off occasions and is not recommended for daily use. It is particularly useful if a condom broke or if you missed one of your contraceptive pills.
- The most common brand of [morning after pill](#) is Levonelle®. You should take it ideally within 24 hours after unprotected sex (this offers over 95% protection). The longer you wait, the less effective it will be. After 72 hours (3 days) the effectiveness drops to below 50%.
- If you vomit within three hours after taking the pill, you must take another one.

Sterilization

- A sterilization is an option available to both men and women.
- As far as male contraception is concerned, the technique is called vasectomy and consists in tying off and cutting the tubes that carry sperm – without the need for a scalpel intervention or stitches. The man can then go home in the same day.
- This provides no protection against STIs and the effects are for life. In very rare cases (less than 1%), the tubes can grow back, making pregnancy a risk.
- As for female sterilization, this is also a very simple operation after which you can go back home the very same day. You have the choice between surgical and non-surgical types of sterilization.

Sterilization

- Surgical sterilization (known as tubal ligation) requires very small cuts in the belly to access the Fallopian tubes, cut them and tie them so that they cannot link the ovaries with the uterus any more. The effects are permanent so you must be sure of your choice concerning sterilization.
- Non-surgical sterilization consists of placing a coil in each Fallopian tube – through the vagina and uterus – so that scars appear and eventually block each tube completely. The scars may take up to 3 months to completely block the tubes, so you need to use another method of contraception in the meantime.
- Both options also offer more than 99% of protection against pregnancy (and none against STIs) because of rare cases where blocked tubes happen to grow back and reconnect (1 in 200 women).